	Application or Docket Number
PATENT ADDITIONALEE DETERMINATION DECORD	

Effective October 1, 2000

											·	
CLAIMS AS			S FILED - PART (Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN	
TOTAL CLAIMS			35				ſ	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		Ì	BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			35 min	us 20=	. 15		Ī	X\$ 9=	135.00	OR	X\$18=	
INDEPENDENT CLAIMS			2 mi	nus 3 =	. 0		ı	X40=	1-77.11	OR	X80=	
MULTIPLE DEPENDENT CLAIM PRE			RESENT				ł					
* If the difference in column 1 is less than zero, enter "0" in column 2						Ĺ	+135=		OR			
								TOTAL	490.00	OR	TOTAL	
	C		MENDED - PART II (Column 2) (Column 3)				SMALL ENTITY			OR	OTHER SMALL I	
	(Column 1) (Colum CLAIMS HIGH								1 1			
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	•	Minus	***		<u> -</u>		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<u></u>		+135=		OR	+270=	
							Δ	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												<u>.</u>
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	·
AME	Independent	*	Minus	***		=		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)						
ANENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
ANIE	Independent	*	Minus	***		=	 -	X40=		OR	X80=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	ENDENT	CLAIM		▎▐╌					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		ber Previously Pai					r foun	nd in the app	ropriate box	in col	umn 1.	